

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

MAURICE HAMOIGNON

U.S. Serial No. 10/534,701

Group Art Unit 2833

Filed: June 3, 2005

Examiner: X. Chung-Trans

CABLE CONNECTOR

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is an amendment / a response in the above-identified application.

X No additional fee is required.
An additional fee is required as calculated below -

,	Claims Remaining After	Highest No. Previously	Present	Small Entity Addnl.	Other Than A <u>Small Entity</u> Addnl.
	Amendment	Paid For	Extra	Rate Fee	Rate Fee
Total Indep First	Presentation of	Minus * Minus * Mul Dep Claim		x \$ 25 \$ x \$100 \$ x \$180 \$	x\$ 50 \$ x\$200 \$ x\$360 \$

Total Additional Fee.....<u>\$</u> ..... <u>\$</u>

\* The "Highest Number Previously Paid For" (Total or Independent) is the highest number of claims filed originally or highest number found from equivalent box of a prior amendment.

\_\_\_\_ This response is being filed within the period for response.

X Applicant(s) hereby petition for an extension from the date of the Examiner's Action as follows:

	First-Month Extension	Ş	60.00	/	\$ 120.00
X	Second-Month Extension	\$	225.00	/	<del>\$ 450.00</del>
	Third-Month Extension	\$	510.00	/	\$1020.00

X Small entity status of this application has been established.

A Check in the amount of  $$\frac{225.00}{}$  is attached hereto. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 02-3690 of the undersigned attorney. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: September 4, 2007

(703) 684-6885

By Mary J. Breiner, Reg. No. 33,161 225.00 OP

Attorney of Record





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CABLE CONNECTOR

Alexandria, Virginia September 4, 2007

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

## AMENDMENT

Dear Sir:

This is in response to the official action mailed April 2, 2007. Please amend the captioned application as set forth below.